

TOURIST VISA REQUIREMENTS

Vietnam Single Entry E-Visa (30-day validity)

Government Fees:	- \$ 30	Government Fees:	- \$ 60
Discounted GenVis a fees:	- \$ 54	Discounted GenVisa fees:	- \$108
Total Cost for one person:	- \$ 84	Total Cost for two people:	- \$168

Cost includes service fees, ALL government fees* and return delivery by email.

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to rci@genvisa.com

For mail submissions please use the address below.

- **A clear High-Resolution COLOR copy of the data page of your passport** (pp. 2-3) in actual size, taken on a professional copy machine. Your actual passport must be signed. **No cell phone photos, please!**
Size requirements for email submissions: Minimum 200 KB, Maximum 2 MB, in JPEG format.
 - **One (1) High-Resolution Passport Photo**, 2"x 2", taken within 6 months on white background without any shadows – front view, no smiling, and no glasses. **No homemade cell phone photos, please!**
Size requirements for email submissions: Minimum 200 KB, Maximum 2 MB, in JPEG format.
 - **Copy of itemized cruise itinerary** showing exact ports of call in Vietnam.
 - **Payment:** a check or money order payable to **GenVisa** in US Dollars and drawn on a US bank or for credit card payment please fill out enclosed CC Authorization Form (**3 % credit card transaction fee will apply**)
- Return this entire form with the requested materials. For mail submissions, use traceable delivery.**
Important: Do not send your passport/materials more than 4 months before your departure date.

Visa processing generally takes up to 2 weeks. If you need your E-Visa returned **within 7 days**: add \$45 per person for expedited service. *Consular fees, processing times, and forms are subject to change without notice. **These requirements are for the US, Canada, and Australia citizens.**
UK, German, Denmark, Finland, French, Italian, Japanese, Norway, South Korean, Spanish, Sweden passport holders do not require visas for a stay up to 45 days

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

EXACT physical address _____ Apt/Ste#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Your E-mail address (Important): _____ (please write in block letters)

Date of first arrival in Vietnam (dd/mm/yyyy) _____ Date of departure from Vietnam(dd/mm/yyyy) _____

Date you need your E-Visa: _____ Date you depart the U.S.: _____

Mail materials to:

GENERATIONS VISA SERVICE
5335 WISCONSIN AVE N.W. #380
WASHINGTON D.C. 20015-2030
1-800-845-8968



RCI – Vietnam E-Visa

GENERATIONS
VISA SERVICE

CODE _____

Vietnam E-Visa Photo requirements

You must have a plain **white** background, no objects or people behind you



You must have your head, shoulders and upper body visible, even lighting, no shadows or glare on your face or behind you



Even lighting and no shadows **Shadow behind head**

You must not have anything covering your (unless it is for religious or medical reasons)



Religious headwear **Fashion hair accessories**

Make sure you remove your glasses if there is any glare, or they are tinted.



Eyes fully visible **Glasses covering eyes**

Personal Information Form – Vietnam E-Visa

Each applicant should fill out his or her questionnaire. Failure to provide accurate and complete information will result in delays, additional processing fees, and rejections of your E-Visa applications

PERSONAL INFORMATION:
Surname (as it appears in the passport):
First Name:
Middle Name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Applicant's Date of Birth (MM/DD/YYYY): ____/____/____
Applicant's Place of Birth (city, state, country):
Applicant's Nationality at Birth:
Religion:
APPLICANT'S CONTACT INFORMATION:
Physical Street Address:
City, State, Zip code:
Phone Number:
Email Address (Important):

EMERGENCY CONTACT INFORMATION:
Full Name:
Relationship with the applicant:
Physical Street Address:
City, State, Zip code:
Phone Number:

TRAVEL INFORMATION
Date of Arrival in Vietnam:
Date of Departure from Vietnam:

Signature: _____ Date: _____



LIFETIME US PASSPORT REPLACEMENT INSURANCE FOR \$29.99 PER PERSON

This affordable passport replacement program offers **expedited** replacement of your lost, stolen, or damaged US passport— **up to \$399 in replacement service fees**. Upon receipt of your claim, we will arrange for the fastest available turnaround to process your passport replacement application under specific circumstances.

By enrolling, you agree to the following:

- ✓ GenVisa will waive its expedited processing fees. You are responsible for applicable Government and shipping fees only.
- ✓ GenVisa will select the fastest available processing speed based on your scheduled departure date.
- ✓ Coverage does not include replacement of expired passports, passports that ran out of visa pages, name changes, or valid travel visas.
- ✓ Coverage cannot exceed our service fee for an EMERGENCY passport at the time of the claim.

Insurance coverage excludes:

- ✓ Replacement of expired passports, passports that ran out of visa pages. name changes, or valid travel visas.
- ✓ Replacement of lost, stolen, or damaged passports while outside the United States and its territories. Should that happen, you must apply in person at the nearest US Embassy for an emergency passport.

To make a claim, please call (800) 845-8968 or email us at info@genvisa.com.

Optional LIFETIME Passport Replacement insurance: \$29.99 per passport.

In the unlikely event that your passport is lost or damaged, Genvisa will arrange for expedited passport replacement in the United States.

Please choose one of the boxes below.

- ☐ **No**, I decline the Lifetime Passport Replacement insurance.
- ☐ **Yes**, I have added an additional \$29.99 per person for the Lifetime Passport Replacement insurance. **Please include insurance fees in the total payment for visa processing.**

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____



CREDIT CARD AUTHORIZATION FORM

Credit Card: _____

Account Number: _____

Expiration Date: _____

Visa, MasterCard, Discover CVV Code (**Mandatory**): (3 digit code on the back of card): _____

Amex Security Code (**Mandatory**): (four-digit code on front of card): _____

Card Holder: _____

Billing Address: _____

City, State, Zip: _____

Telephones: Day: _____ Eve: _____

This form certifies that I am the above-referenced cardholder and that I authorize
Generations Visa Service to charge my credit card for the following payments

(3 % credit card transaction fee will be added to the total amount):

NONREFUNDABLE visa processing fees in the amount of \$_____ **US Dollars.**

Please charge on the date of _____.

By signing below, I understand and acknowledge the charges in the amount listed above.

I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges.

Under the laws of the state of _____, I certify the foregoing is true and correct.

Card Holder Signature: _____

Printed Name: _____

Date: _____